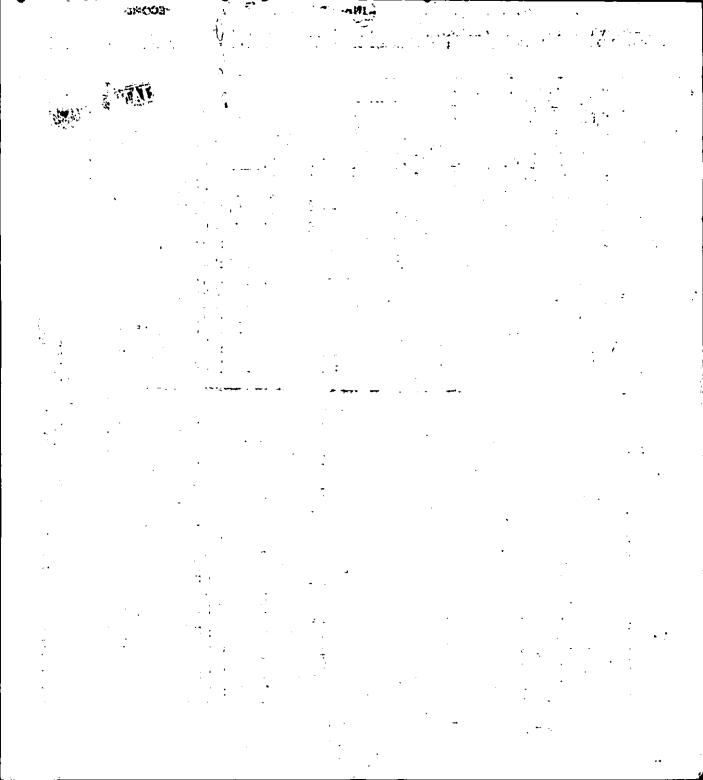
MISSOURI STATE BOARD OF HEALTH Do not use this space. TLY. PHYSICIANS should state OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 35619 PLACE OF DEATH Registration District No..... Primary Registration District No. Registered No..... (a) Residence No...... (Usual place of abolic) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Divenced (write the word) CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF I last saw hazza, alive on.... 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at. The principal cause of death and related causes of importance were as follows: 7 AGE If LESS than 1 YEARS MONTHS day,hrs. Trade, profession, or particular kind of werk done, as spinner, 9. Industry or business in which work was done, as silk mill; saw mill, bank, etc. information should be carefully in plain terms, so that it may be 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and causes of important occupation..... 12. BIRTHPLACE (CITY OR TOW) (STATE OR COUNTRY) FATHER Name of operation 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis? Was there an autopsy?..... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?....(Specify city or town, county, and State) WRITE 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) B.—Every item of USE OF DEATH Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury 18. BURIAL, CREMATION. Nature of injury 24. Was disease or injury in any way related to occupation of deceased?... If so, specify...... (ADDRESS) (Signed).



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19. UNDERTAKER (ADDRESS) 19. UNDERTAKER (ADDRESS) 19. UNDERTAKER (ADDRESS) 19. UNDERTAKER (ADDRESS) (Address) (Address) (Address)

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